



State of New Hampshire
Board of Pharmacy
121 South Fruit Street
Concord, NH 03301-2412
Tel.: (603) 271-2350 Fax: (603) 271-2856
Website: www.nh.gov/pharmacy/

APPLICATION FEE:
\$25.00

**NO CASH – CHECK OR MONEY
ORDER PAYABLE TO:**
Treasurer, State of New Hampshire

PHARMACIST ADMINISTRATION OF VACCINES APPLICATION

(Per NH RSA 318:16-b & Ph 1300)

ALL SECTIONS MUST BE COMPLETED.

PRINT CLEARLY IN BLACK OR BLUE INK ONLY. ILLEGIBLE, OUT-DATED, COPIED, OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

1. GENERAL INFORMATION

Applicant's Name		First	Middle	Last
Mailing Address				
City		State	Zip Code	Home Phone () Date of Birth (MM/DD/YY) / /
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	NH Pharmacist License Number	Have you completed the required CE / training from ACPE or APhA to administer vaccines by injection? <input type="checkbox"/> Yes* <input type="checkbox"/> No		*If Yes, you <u>must</u> attach a copy of your <u>current</u> ACPE Certificate.
Do you possess at least \$1,000,000 of professional liability insurance?		<input type="checkbox"/> Yes* <input type="checkbox"/> No		*If yes, you <u>must</u> attach a copy of the current certificate of insurance.
Do you hold current basic or higher certification in cardiopulmonary resuscitation (CPR)?		<input type="checkbox"/> Yes* <input type="checkbox"/> No		*If yes, you <u>must</u> attach a copy of the current certificate.

2. CURRENT PHARMACY EMPLOYMENT

Name of Pharmacy	Date Of Hire As A Pharmacist (MM/YY) /
Complete Address of Pharmacy	

3. REGISTRATION

Are you now or have you ever been registered/licensed/authorized to administer vaccines in any other state? ☐ Yes* ☐ No

*If yes, indicate which state(s), and whether or not the registration/licensure/authorization is current. _____

4. LOCATIONS OF ADMINISTRATION

Please list all locations you intend to administer vaccines at:

Name: _____

Address: _____

Name: _____

Address: _____

(Additional Sites may be listed on back)

5. REQUIRED ATTACHMENTS & APPLICANT'S STATEMENT

The following two attachments must be included with this application for it to be accepted and processed:

☐ Copy of your current CPR / BLS Certification Card ☐ Copy of your proof of Liability Insurance Coverage

☐ Copy of your proof of CE / Training from ACPE / APhA

I certify that I am the person described and identified in this application; that I have read Ph 1300 of the NH Code of Administrative Rules, and that I have met the requirements for administering approved vaccines per NH RSA 318:16-b; and that I have answered all questions truthfully and completely. Should I furnish any false or misleading information on this application, I hereby understand that such an act shall constitute cause for the denial or revocation of my registration as a pharmacist able to administer vaccines in the State of New Hampshire.

Signature: _____ Date: _____

Incomplete applications will not be accepted. Your revised pharmacist license with endorsement to administer vaccines will be issued within 2 weeks of receipt of completed application.